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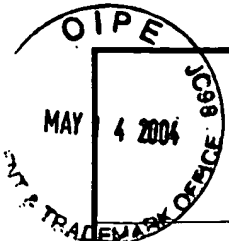
<b>TRANSMITTAL FORM</b>  (to be used for all correspondence after initial filing)	<b>Application Number</b>	09/879,034	
	<b>Filing Date</b>	June 13, 2001	
	<b>First Named Inventor</b>	Tomihisa NAITO	
	<b>Group Art Unit</b>	3752	
	<b>Examiner Name</b>	Christopher S. Kim	
<b>Total Number of Pages in This Submission</b>		<b>Attorney Docket Number</b>	37872-0004

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form  <input checked="" type="checkbox"/> Fee Attached  <input checked="" type="checkbox"/> Amendment / Response  <input checked="" type="checkbox"/> After Final  <input type="checkbox"/> Affidavits/declaration(s)  <input checked="" type="checkbox"/> Extension of Time Request  <input type="checkbox"/> Express Abandonment Request  <input type="checkbox"/> Information Disclosure Statement  <input type="checkbox"/> Certified Copy of Priority Document(s)  <input type="checkbox"/> Response to Missing Parts/ Incomplete Application  <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application)  <input type="checkbox"/> Drawing(s)  <input type="checkbox"/> Licensing-related Papers  <input type="checkbox"/> Petition  <input type="checkbox"/> Petition to Convert to a Provisional Application  <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address  <input type="checkbox"/> Terminal Disclaimer  <input type="checkbox"/> Request for Refund  <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group  <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences  <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief)  <input type="checkbox"/> Proprietary Information  <input type="checkbox"/> Status Letter  <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): <b>Post Card</b>
<b>Remarks</b>		<b>RECEIVED</b>  MAY 20 2004  TECHNOLOGY CENTER R3700

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Patricia D. Granados Reg. No. 33,683
Signature	<i>Patricia D. Granados</i>
Date	May 14, 2004

CERTIFICATE OF MAILING			
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<input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		<b>Complete if Known</b>	
		Application Number	09/879,034
		Filing Date	June 13, 2001
		First Named Inventor	Tomihisa NAITO
		Examiner Name	Christopher S. Kim
Art Unit		3752	
Attorney Docket No.		37872-0004	
TOTAL AMOUNT OF PAYMENT		(\$ ) 210	

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<input type="checkbox"/> Deposit Account: Deposit Account Number: 08-1641 (Docket No. 37872-0004) Deposit Account Name: Heller Ehrman White & McAuliffe LLP					
The Commissioner is authorized to: (check all that apply)					
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<input type="checkbox"/> Charge any additional fee(s) during the pendency of this application					
<input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.					
<b>FEE CALCULATION</b>					
<b>1. BASIC FILING FEE</b>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1001	770	2001	385	Utility filing fee	
1002	340	2002	170	Design filing fee	
1003	530	2003	265	Plant filing fee	
1004	770	2004	385	Reissue filing fee	
1005	160	2005	80	Provisional filing fee	
SUBTOTAL (1)					(\$ )
<b>2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE</b>					
Total Claims: <input type="text"/> -20** = <input type="text"/> x <input type="text"/> = <input type="text"/>					
Independent Claims: <input type="text"/> -3** = <input type="text"/> x <input type="text"/> = <input type="text"/>					
Multiple Dependent: <input type="text"/> = <input type="text"/>					
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid
1202	18	2202	9	Claims in excess of 20	
1201	86	2201	43	Independent claims in excess of 3	
1203	290	2203	145	Multiple dependent claim, if not paid	
1204	86	2204	43	**Reissue independent claims over original patent	
1205	18	2205	9	**Reissue claims in excess of 20 and over original patent	
SUBTOTAL (2)					(\$ )
*or number previously paid, if greater; For Reissues, see above					
* Reduced by Basic Filing Fee Paid					
SUBTOTAL (3)					(\$ ) 210

<b>SUBMITTED BY</b>		<b>Complete (if applicable)</b>	
Name (Print/Type)	Patricia D. Granados	Registration No.	33,683
Signature	<i>Patricia D. Granados</i>	Telephone	202-912-2000
		Date	May 14, 2004
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